

10F3

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 77538038	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		2					55		/				
6		2					56		/				
7		2					57		/				
8		2					58		/				
9		2					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65	/					
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25	/						75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		/					82		/				
33		/					83	/					
34		/					84	/					
35		/					85		/				
36		/					86		/				
37		/					87	/					
38		/					88	/					
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43	/						93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47	/						97		/				
48	/						98	/					
49		/					99		/				
50		/					100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9/538038		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/						51	/		
102		/					52	/		
103		/					53	/		
104		/					54	/		
105		/					55	/		
106		/					56	/		
107		/					57	/		
108		/					58	/		
109		/					59	/		
110		/					60	/		
111		/					61	/		
112		/					62	/		
113		/					63	/		
114	/						64	/		
115		/					65	/		
116	/						66	/		
117		/					67	/		
118		/					68	/		
119		/					69	/		
120		/					70	/		
121		/					71	/		
122	/						72	/		
123		/					73	/		
124		/					74	/		
125		/					75	/		
126		/					76	/		
127		/					77	/		
128	/						78	/		
129		/					79	/		
130		/					80	/		
131		/					81	/		
132		/					82	/		
133		/					83	/		
134	/						84	/		
135		/					85	/		
136		/					86	/		
137		/					87	/		
138		/					88	/		
139	/						89	/		
140		/					90	/		
141		/					91	/		
142		/					92	/		
143		/					93	/		
144		/					94	/		
145		/					95	/		
146		/					96	/		
147	/						97	/		
148		/					98	/		
149		/					99	/		
150		/					200	/		
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9/538038		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201	/						251		/				
202	/						252	/					
203	/						253		/				
204		/					254	/					
205		/					255	/					
206		/					256	/					
207		/					257	/					
208		/					258	/					
209		/					259	/					
210		/					260	/					
211		/					261	/					
212		/					262	/					
213		/					263	/					
214		/					64						
215		/					65						
216		/					66						
217		/					67						
218		/					68						
219		/					69						
220	/						70						
221		/					71						
222		/					72						
223		/					73						
224	/						74						
225		/					75						
226		/					76						
227		/					77						
228		/					78						
229	/						79						
230	/						80						
231		/					81						
232		/					82						
233	/						83						
234		/					84						
235		/					85						
236	/						86						
237		/					87						
238		/					88						
239	/						89						
240		/					90						
241		/					91						
242	/						92						
243		/					93						
244		/					94						
245		/					95						
246		/					96						
247	/						97						
248	/						98						
249		/					99						
250		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	50	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	218	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	268					